DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/12/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155386		, ,	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02		(X3) DATE SURVEY COMPLETED	
		B. WING			R 09/09/2014		
NAME OF PROVIDER OR SUPPLIER LAURELS OF DEKALB				520	REET ADDRESS, CITY, STATE, ZIP CODE O W LIBERTY ST JTLER, IN 46721	03/	03/2014
				В			T
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000})} INITIAL COMMENTS		{K 0	00}			
	Code Recertification a conducted on 06/16/1 Indiana State Departr accordance with 42 C Survey Date: 09/09/1 Facility Number: 000 Provider Number: 15 AIM Number: 100266 Surveyor: Amy Kelley Specialist At this Life Safety Codwas found in compliant Participation in Medic Subpart 483.70(a), Lit 2000 edition of the Na Association (NFPA) 1 and 410 IAC 16.2. The consisting of the 100, main dining room and surveyed with Chapter Occupancies. This one story facility Type V (000) construct sprinklered. The facility has a capacensus of 91 at the tire	FR 483.70(a) 4 574 5386 6430 y, Life Safety Code de survey, Laurels of Dekalb nce with Requirements for are/Medicaid, 42 CFR fe Safety from Fire and the ational Fire Protection 01, Life Safety Code (LSC) ne original building 200, 300 and 400 halls, the I the service hall was er 19, Existing Health Care was determined to be of ction and was fully ity has a fire alarm system in in the corridors and areas Battery operated smoke ed in the resident rooms. acity of 101 and had a					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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ervices including es and snow blowers Austill, Life Safety	{K 0	00}				
SR) to the Life Safety State Licensure Survey as conducted by the of Health in 183.70(a) Be Safety Code Co	{K 0	000}				
SO CONTRACTOR SOLVEN	ENT OF DEFICIENCIES ST BE PRECEDED BY FULL	ENT OF DEFICIENCIES ST BE PRECEDED BY FULL JENTIFYING INFORMATION) (K 0 cility had a detached ervices including es and snow blowers Austill, Life Safety 14. (K 0 SR) to the Life Safety State Licensure Survey as conducted by the of Health in 483.70(a) fe Safety Code urvey, Laurels of Dekalb with Requirements for Medicaid, 42 CFR afety from Fire and the lal Fire Protection Life Safety Code (LSC) ew section of the 300 hall Therapy gymer 18, New Health Care is determined to be of and was fully	In the state of th	STREET ADDRESS, CITY, STATE, ZIP CODE 520 W LIBERTY ST BUTLER, IN 46721 ENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION) SET BY PRECEDED BY FULL DENTIFYING INFORMATION) [EACH CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRY DEFICIENCY) [K 000] [K	STREET ADDRESS, CITY, STATE, ZIP CODE SOW LIBERTY ST BUTLER, IN 46721 ENT OF DEFICIENCIES ST BE PRECEDED BY PULL PREFIX TAG (K 000) SIRITE ADDRESS, CITY, STATE, ZIP CODE SOW LIBERTY ST BUTLER, IN 46721 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (K 000) SR) to the Life Safety State Licensure Survey as as conducted by the of Health in 483.70(a) 60 If e Safety Code urvey, Laurels of Dekalb with Requirements for Medicaid, 42 CFR afety from Fire and the all Fire Protection Life Safety Code (LSC) ew section of the 300 hall Therapy gym er 18, New Health Care It determined to be of and was fully	

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{K 000}	with smoke detection open to the corridors. detectors were install The facility has a cap census of 91 at the till All areas where resid were sprinklered. The garage providing faci storage of beds, matt that was not sprinkler	in in the corridors and areas Battery operated smoke led in the resident rooms. acity of 101 and had a me of this survey. ents have customary access e facility had a detached lity services including tresses and snow blowers red. ennis Austill, Life Safety	{K 0				